



**FIRE DEPARTMENT REGISTRATION AND
MUTUAL AID EQUIPMENT
INFORMATION
WORKSHEET**

Mail, Fax or Email completed form to:

**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
P.O. Box 844
JEFFERSON CITY, MO 65102
FAX: 573-751-1744
Email: firesafe@dfs.dps.mo.gov**

Registration Form Directions:

1. Enter the Fire Department Identification Number as assigned by the State Fire Marshal's Office. *Contact the State Fire Marshal's Office if a number has not yet been assigned.*
2. Enter name of registering fire agency.
3. Enter 24 hour contact information (other than 911) for the registering agency. This may be designated personnel or a 24 hour dispatch phone number.
4. Enter the mailing address of the main headquarters for the registering agency.
 - a. Enter the agency's website address, if available.
5. Enter the non-emergency business phone number available during business hours for the agency.
 - a. Enter the fax number (if available) for the agency.
6. Enter the physical 911 street address, city and zip code of the headquarters of the agency. *This is important information which will be used for future GIS mapping of Missouri fire agencies.*
7. Enter the Longitude/Latitude of your Fire Department Headquarters, if known.
- 8, 9, 10 Enter the city, zip code and county in which the headquarters of the agency is located.
11. Enter the name of fire chief of registering agency.
12. Enter the email address for agency's chief.
13. Enter the primary phone number of the agency's chief.
14. Enter the name of a secondary contact person for the registering agency.
15. Enter the email address of secondary contact person.
16. Enter the primary phone number for reaching secondary contact.
17. Check the box of the description which most accurately characterizes the registering agency.
18. Check the box which describes the agency type.
19. Check the box which best describes the funding mechanism for the department.
20. Provide accurate numbers of personnel for each applicable category.
21. Enter the date when the association's response boundaries for the agency were filed with the County Administrative body. (This does not apply to Fire Protection Districts or City Fire Departments providing services within the boundaries of their city.)
22. Enter the number of fire stations affiliated with the registering agency, include addresses and locations of additional fire stations on page 3.
23. Is the registering agency actively reporting to NFIRS? Mark "yes" or "no".
24. Indicate the fire code (and code edition) enacted and enforced by the reporting agency, if applicable.
25. Enter ISO rating 1-10. (If multiple ratings apply, please list the lowest rating)
26. Enter the letter of the Mutual Aid Region in which the reporting agency is located. *Refer to the attached Mutual Aid Region listing.*
27. Enter the name of the Regional Mutual Aid Coordinator responsible for the region in which the reporting agency is located. *Refer to the attached Mutual Aid Regional Coordinator listing.*
28. Fire Department Equipment information. Inventory and report all resources being utilized by the agency. Refer to the Resource Typing description lists to provide the most accurate representation of available equipment/resources.